TWO CASE STUDIES DEMONSTRATING A SHARED DECISION MAKING APPROACH TO ILLICIT METHAMPHETAMINE USE AND BREASTFEEDING

Women’s Alcohol and Drug Service
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Women’s Alcohol and Drug Service (WADS)

- Multidisciplinary team
- Current substance use
- Complex psycho-social issues
- High risk pregnancy
Nature of drug dependence

Drug use is a chronic, cyclical and relapsing condition.

Pregnancy and breastfeeding is a big motivator for change
Methamphetamine (ICE)
Methamphetamine in pregnancy

• 58% of WADS case load in 2016 (11% in 2013)
• Antenatal presentation
• More likely to have child protection involvement
• Most likely to be using other drugs as well
• Crosses the placenta (DeVane, 1991)
• Causes vaso-constriction (Plessinger, 1998)
• Poor fetal growth and preterm birth (Cordeaux et al, 2008)
Effect of MA on the infant

- Low birth weight and smaller head circumference (Smith, 2003)
- Poor suck, lethargy (Shah, 2012)
- 4% require medication for withdrawal (Smith, Yonekura et al, 2003)
- MA in breast milk- irritability, poor sleeping patterns (Illett et al, 2007)
- Agitation and crying (Illett et al, 2007)
Importance of breast feeding in this population

Breastfeeding recommended for at least 6 months (NHMRC, 2012)

Transfers essential immunity
(Stuebe&Schwartz, 2010)

Oxytocic hormone-induces bonding
Allows mother to feel she is helping her infant (Dowdell, 2009)

Women’s desire to be a good mother
(Marshall et al, 2007)
Breastfeeding in WADS 2016

Breastfeeding

No ANC (n=23) %
ANC (n=47) %

Breastfeeding
Breastfeeding and methamphetamines use

• Very few contraindications to breastfeeding but women using illicit substances and breastfeeding needs careful consideration

• MA passes freely into breast milk

• Concentration up to 2.5 times higher than maternal serum (Bartu et al, 2009)

• Remains in breast milk for 48 hours (Bartu et al, 2009)
Current guidelines

• Largely based on expert opinion
• Pregnancy and motherhood are powerful motivators to cease or reduce substance use
• Careful assessment is needed
Assessment

- Ask the question throughout pregnancy
- Antenatal attendance
- Presentation at appointments
- Assess mental health, parenting and breastfeeding ability
- Urine drug screens may assist but need to be assessed with clinical picture
- Assess pattern of substance use
- Child protection notification may be warranted
Breastfeeding plan

• pregnant woman
• midwife
• pharmacist
• addiction specialist
• paediatrician

Written plan placed in medical history of mother and baby
Case study-Chi
Case study - Sophie
Key Points

• Antenatal care is paramount

• Flexible approach

• Therapeutic relationships are central to change

• Family supports

• Breastfeeding safety plan

• Provide information

• Benefit vs harm
References


